CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province _____
City/Municipality COTABATO CITY

Registry No. 2002-3482

For OCRG USE ONLY: Population Reference No.

CHILD

1. NAME (First) RALPH EDCEL (Middle) RIVAS (Last) FABIAN

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH (day) (month) (year): 30 July 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): COTABATO REGIONAL & MEDICAL CENTER, Cotabato City

5a. TYPE OF BIRTH: X 1 Single ___ 2 Twin ___ 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery): 1st (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3100 grams

MOTHER

6. MAIDEN NAME (First) Cecile (Middle) Nuata (Last) Rivas

7. CITIZENSHIP: Filipino

8. RELIGION: Roman Catholic

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: 0

10. OCCUPATION: Housekeeper

11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Pagandalan, Lebak, Sultan Kudarat

FATHER

13. NAME (First) Edward (Middle) Balicao (Last) Fabian

14. CITIZENSHIP: Filipino

15. OCCUPATION: Seaman

Age at the time of this birth: 26 years

16. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): October 18, 2001 San Juan, Siquijor

19a. ATTENDANT: X 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot (Traditional Midwife) ___ 5 Others (Specify)

19b. CERTIFICATION OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at 2:17 PM o'clock am/pm on the date stated above.

Signature _____
Name in Print HELLAN S. REDOBLE, MD
Title or Position Medical Officer III
Address Cotabato Regional & Medical Center, Cotabato City
Date August 8, 2002

20. INFORMANT

Signature _____
Name in Print EDWARD B. FABIAN
Relationship to the child Father
Address Pagandalan, Lebak, Sultan Kudarat
Date August 8, 2002

21. PREPARED BY

Signature _____
Name in Print TERRY JANE O. LAPI, RN
Title or Position Nurse I
Date August 8, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____
Name in Print _____
Title or Position _____
Date _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: B 0 2 1 4 8 2
42: 1
43 44: 1 3 0 7 2 0 0 2
45: 3 0 2 4 2
46: 1
47 48: 0 1 2 1 2 0 2
49 50: 1 1
70 72 74: 2 1 2 1 3 0
76 78: 2 2 2 2 2
81: 2 5 5 1 2
86 87: 1 0
88 91: X 2 2 2 6
93: 1 101801 01 031 081202
94: 1

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BEST POSSIBLE IMAGE

T7000502870000689100720130 04
K1500301895

BReN
03804-B02NW03-1

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CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office